

## **APPLICATION DATA SHEET**

### **Application Information**

<b>Application Number::</b>	Not yet assigned
<b>Filing Date::</b>	December 2, 2003
<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>Suggested Classification::</b>	
<b>Suggested Group Art Unit::</b>	
<b>CD-ROM or CD-R?::</b>	
<b>Number of CD Disks::</b>	
<b>Number of Copies of CDs::</b>	
<b>Sequence Submission?::</b>	
<b>Computer Readable Form (CFR)?::</b>	
<b>Number of Copies of CFR::</b>	
<b>Title::</b>	SCALABLE RENAME MAP TABLE RECOVERY
<b>Attorney Docket Number::</b>	42339-193264
<b>Request for Early Publication?::</b>	
<b>Request for Non-Publication?::</b>	
<b>Suggested Drawing Figure::</b>	
<b>Total Drawing Sheets::</b>	None
<b>Small Entity?::</b>	No
<b>Latin Name::</b>	
<b>Variety Denomination Name::</b>	
<b>Petition Included?::</b>	
<b>Petition Type::</b>	
<b>Licensed US Govt. Agency::</b>	
<b>Contract or Grant Numbers::</b>	
<b>Secrecy Order in Parent Appl.::</b>	

## **Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** USA  
**Country::** USA  
**Status::** Full Capacity  
**Given Name::** Haitham  
**Middle Name::** H.  
**Family Name::** AKKARY  
**Name Suffix::**  
**City of Residence::** Portland  
**State or Province of Residence::** OR  
**Country of Residence::** USA  
**Street of Mailing Address::** 12572 NW Bayonne Lane  
**City of Mailing Address::** Portland  
**State or Province of Mailing Address::** OR  
**Country of Mailing Address::** USA  
**Postal or Zip Code of Mailing Address::** 97229

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** Indian  
**Country::** USA  
**Status::** Full Capacity  
**Given Name::** Ravi  
**Middle Name::**  
**Family Name::** RAJWAR  
**Name Suffix::**  
**City of Residence::** Portland  
**State or Province of Residence::** OR  
**Country of Residence::** USA  
**Street of Mailing Address::** 1511 SW Park Ave., #612

**City of Mailing Address::** Portland  
**State or Province of Mailing Address::** OR  
**Country of Mailing Address::** USA  
**Postal or Zip Code of Mailing Address::** 97201

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** Indian  
**Country::** USA  
**Status::** Full Capacity  
**Given Name::** Srikanth  
**Middle Name::** T.  
**Family Name::** SRINIVASAN  
**Name Suffix::**

**City of Residence::** Portland  
**State or Province of Residence::** OR  
**Country of Residence::** USA  
**Street of Mailing Address::** 12572  
**City of Mailing Address::** NW Bayonne Lane  
**State or Province of Mailing Address::** Portland  
**Country of Mailing Address::** OR  
**Postal or Zip Code of Mailing Address::** 97229

**Applicant Authority Type::** Inventor  
**Primary Citizenship::**  
**Country::**  
**Status::** Full Capacity  
**Given Name::**  
**Middle Name::**  
**Family Name::**

**Name Suffix::**

**City of Residence::**

**State or Province of Residence::**

**Country of Residence::**

**Street of Mailing Address::**

**City of Mailing Address::**

**State or Province of Mailing  
Address::**

**Country of Mailing Address::**

**Postal or Zip Code of Mailing  
Address::**

### **Correspondence Information**

**Correspondence Customer**                      **26694**  
**Number::**

**Phone Number::**                                      **202-344-8000**

**Fax Number::**                                        **202-344-8300**

**E-Mail Address::**                                      **Venable.com**

### **Representative Information**

**Representative Customer**                      **26694**  
**Number::**

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
	<b>Continuation of</b>		
	<b>Continuation of</b>		
	<b>Continuation of</b>		
	<b>Continuation of</b>		

### For ign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

### Assignee Information

**Assignee Name::** Intel Corporation (a Delaware corporation)  
**Street of Mailing Address::** 2200 Mission College Boulevard  
**City of Mailing Address::** Santa Clara  
**State or Province of Mailing Address::** California  
**Country of Mailing Address::** USA  
**Postal or Zip Code of Mailing Address::** 95052